

**INDIANA DATA BREACH NOTIFICATION FORM**OAG Form 1079 (R0 / 09-13)
Identity Theft UnitOFFICE OF ATTORNEY GENERAL
Consumer Protection Division
Government Center South, 5th floor
302 W. Washington Street
Indianapolis, IN 46204
(317) 233-4393 – Fax**Name and Address of Entity or Person that owns or licenses the data subject to the breach**

Name Lando Law Firm, LLC			
Street Address 7612 Charlotte Highway		City Indian Land	State SC
Submitted by Kristopher Kleiner		Title Associate	Dated 9/1/2015
Firm Name (if different than entity) Norton Rose Fulbright US LLP			Telephone 3038012758
Email kris.kleiner@nortonrosefulbright.com		Relationship to Entity whose information was compromised Legal counsel	

Type of Organization (please select one)

<input type="checkbox"/> State of Indiana Government Agency	<input type="checkbox"/> Health Care	<input type="checkbox"/> Not-For-Profit
<input type="checkbox"/> Other Government Entity	<input type="checkbox"/> Financial Services	<input type="checkbox"/> Other – please specify
<input type="checkbox"/> Educational	<input checked="" type="checkbox"/> Other Commercial	

Number of Persons Affected

Total (Indiana Included)	416
Indiana Residents Only	5

Dates

Date Breach Occurred (include start/end dates if known)	6/3/2015	6/4/2015
Date Breach Discovered	6/4/2015	
Date Consumers Notified	9/4/2015	

Reason for delay, if any, in sending notification

Because the nature of the incident involved unauthorized web access to firm e-mail accounts, the forensic investigation of the incident required an analysis of both the e-mail account and the firm systems to determine the full extent of the incident. In addition, identification of individuals for notification purposes required export and review of numerous e-mail messages and attachments.

Description of Breach (select all that apply)

<input type="checkbox"/> Inadvertent disclosure	<input checked="" type="checkbox"/> External system breach (e.g. hacking)
<input type="checkbox"/> Insider wrong-doing	<input type="checkbox"/> Other
<input type="checkbox"/> Loss or theft of device or media (e.g. computer, laptop, external hard drive, thumb drive, CD, tape)	

Information Acquired (select all that apply)

<input checked="" type="checkbox"/> Social Security Number	<input checked="" type="checkbox"/> Name in combination with (select all that apply)
	<input checked="" type="checkbox"/> Driver's License Number <input type="checkbox"/> State Identification Number <input type="checkbox"/> State Identification Number
	<input type="checkbox"/> Debit Card Number (in combination with security code, access code, password or PIN for account)

List dates of previous breach notifications (within last 12 months)

None		

Manner of Notification to Affected Persons	Identity Theft Protection Service Offered	
Attach a copy of a sample notification letter	<input checked="checked" type="checkbox"/> Yes	Duration 12 Months
<input type="checkbox"/> Written	<input type="checkbox"/> No	Provider Experian
<input type="checkbox"/> Electronic (email)	Brief Description of Service:	
<input type="checkbox"/> Telephone	Experian's® ProtectMyID® Alert	

Since this breach, we have taken the following steps to ensure it does not reoccur (*attach additional pages if necessary*)

The Firm takes the privacy of personal information seriously, and deeply regrets that this incident occurred. Upon learning of the incident, the Firm promptly took steps to address the situation, including changing the account credentials to prevent additional unauthorized access to the account and implemented additional security measures on all of our company e-mail accounts, including two-factor authentication, and providing additional information and employee training about these threats to help prevent this type of incident from recurring in the future.

Any other information that may be relevant to the Office of Attorney General in reviewing this incident (*attach additional pages if necessary*)

SUBMIT